									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								1 2 2 -1						
CLAIMS AS FILED - PART I											243	36		
l	•	CLARIES A	SHALL	BITTY		OTHE	RTHAN							
	TOTAL CLAIMS		(Column 1) (Co			TYPE		TYPE		_OA	SHALL	BITTY		
			LE	Lb.				RATE	FEE		RATE	FEE		
FOR			MUNICERFLED		HEAL	BEREITRA	EXTRA BASIC		375.0	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			26a	: 26 minus 20=		6		X\$ 9-	54.	J OR	X\$18=			
INCEPENDENT CLAIMS			minus 3 =			8	X42		1	٦	X84e	A		
Ľ	LLTPLE DEPE	NOENT CLAIM	RESENT						-	OR				
" If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR				
ŀ			TOTAL	429	<b>J</b> OR	TOTAL								
CLAIMS AS AMENDED - PART I) (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR SMALL ENTITY						
C	CLAS			(Colum	E31		SMAL	SMAL		TOR	SMALL			
AMENDMENT A		REMARKING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		PATE	ADO+ TIONAL FEE	-	RATE	ADDI- TIONAL FEE		
Į	Total	. 25	Minus	-2	6	•		X\$ 9=		OR	X\$18=	•		
	Independent	• /	Mirros		3	•		X42=	1-	1	X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~~ <u>~</u>	<del> </del>	OR	A648			
								+140=		OR	+280=			
								TOYA		OR	TOTAL ADDIT FEE			
_		(Column 1)						- PER						
9		REMAINING		HEARE		PRESENT	Г		ADDI	7 1		ADD1-		
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL	1	RATE	TIONAL		
AMENDARENT B	Total	. 25	Minus	- 2	-6	. —		XSOF	FEE	1	100 a	FEE		
3	Independent	. 1	Minus	- 3		• —	H	140	<u> </u>	P	XXX			
	FIRST PRESE	NTATION OF M	ATIPLE DE	LTIPLE DEPENDENT CLAIM				X48=		ОЯ	X94=			
12-19-4								+140=		OR	+280a			
	10/	64				Af	YOTAL XOIT, FEE		OR	TOYAL				
(Column 1) (Column 2) (Column 3)														
2		CLAMS REMAINING		HIGHE	ŠĪ	PRESENT	Г		ADDI-	. r	<del></del>	ADDI-		
		AFTER AMENDMENT		PREVIOL PAID R	KSLY	EXTRA	1	RATE	TIONAL	l	RATE	TIONAL		
AMENDME	Total	· 10·	Minus		77	• 0	H	<b>×30</b> <sup>25</sup>	FEE	<u>.</u>	X210-	FEE		
ANE	Independent	• 4	Minus		3	• /		X42		OR	Apres			
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	ATT .	100	OR	X84s			
. •	* If the entry is contrary 1 is been then the									OR.	+280=			
	.* If the entry in column 1 is less than the entry is column 2, write "I" in column 3.  "If the "Highest Number Previously Pedd For" BY THIS SPACE is tess than 20, enter "20."								100	OR .	FOTAL			
The Teglest Humber Previously Paid For St THES SPACE to less than 8, color 1. ACOIT, FEB. ACOIT, FEB. ACOIT, FEB. The Teglest Humber Previously Paid For (Fotal or Independent) to the highest number found in the appropriate box in column 1.														
		<u> </u>					-0.510		arribusta oc	in colu	TOD 1.	1		
	F10-479 FIRE 12	CE . LTP GOM	-	DX 200-4	-Conta		400	end Times	and College U.	8.00 X	ATTACK CO.	On East		